Chapter 5
Trends in Health Care: The Informed Consumer, Prevention, and Communities

Throughout this report we have discussed the changes taking place in health care. Some of those changes are evidenced in an increased emphasis on prevention and community-level health initiatives. Another important trend is the changing role of consumers regarding their personal health responsibilities and their access to information on providers. Today, consumers are assuming a more active role in the health care partnership.

The roles and expectations of health care professionals are changing as a result of the above trends. Members of the health care workforce will be working in an environment where they must be more aware and attuned to the role of prevention in their practice, their role in preserving and maintaining their community's health, and their role as a partner in their patients' health care.

The trends focusing on prevention and community are causing changes in the way the health professions are educated and trained. The 1997 Scott and White Assembly report titled "America's Health: Seeking Solutions for the 21st Century" recommends that medical schools should be developing students' skills in the areas of population-based medicine, epidemiology, public health principles, cultural awareness and competency, and techniques for facilitating behavior change. The

above trends are also reflected in Texas' legislative initiatives such as House Concurrent Resolution 64 from the 75th Legislative Session, which charges the health science centers and the schools of public health with encouraging their students to become partners in the health of individual Texans and Texas communities and to encourage more graduate and undergraduate education opportunities in community-based programs that incorporate a focus on public health.

The consumer's role in the health care partnership is facilitated through access to information about health care providers. Access to health care information permits consumers to take more responsibility for their health care decisions.

The Responsible and Informed Consumer

In the face of significant increases in health care costs and proposed government intervention, third-party payers and the health care industry have changed how services are provided and paid for. These changes have altered the expectations and roles and responsibilities in the relationships between the health care professional, the health care consumer, and the health care industry. To a greater extent, *patients* are becoming *consumers*, and they want to make informed consumer choices. Access to individual provider and health care industry information is critical if consumers are to assume more responsibility for their role in the health care partnership.

These changing expectations have prompted extensive discussion about patient's rights and responsibilities at the federal and state level. In March 1997, the President's Health Care Advisory Task Force released the "Consumer Bill of Rights and Responsibilities." The aim of this document was to advise the president on changes occurring in the health care system and to recommend measures to promote and assure health care quality and value and protect consumers and workers in the health care system.[1] The commission's report states that a Consumer Bill of Rights and Responsibilities can help to establish a stronger relationship of trust among consumers, health care professionals, health care institutions, and health plans by helping to sort out the responsibilities of each of these participants in a system that promotes quality improvement.[2]

The Consumer Bill of Rights has three goals:

- To strengthen consumer confidence by ensuring that the health care system is fair and responsive to consumers' needs, provides consumers with credible and effective mechanisms to address their concerns, and encourages consumers to take an active role in improving and assuring their health.
- To reaffirm the importance of a strong relationship between consumers and their health care professionals.
- To reaffirm the critical role consumers play in safeguarding their own health by establishing both rights and responsibilities for all participants in improving health status.[3]

The discussion of patients' rights and responsibilities has focused primarily on the rights of patients. There has been little clarification of patients' responsibilities. It is generally acknowledged that most of today's health problems can be attributed to behavioral risk factors such as smoking, sedentary lifestyle, and improper diet.[4] It is also concluded that consumers need more and better information in order to make good health care choices. To that end, the workforce and society must prepare the consumer for his/her responsibilities in the health care partnership through education and the provision of information.

Health Promotion and health education are two strategies that public health and health care providers use to help people make healthy lifestyle choices. In addition, rising health care costs have caused businesses to seek new ways to reduce the costs of treating illness. Workplace wellness programs such as smoking-cessation clinics and exercise programs are seen as ways to reduce health insurance costs and lessen the loss of productivity due to employee sick time. In addition, employees are learning how to be more conscientious consumers in their health care decisions and their use of health care benefits. Some health insurance companies and managed care organizations are looking for and instituting ways to provide incentives for clients to make lifestyle changes. Ultimately, the choice and the responsibility rests with the individual, but efforts are being made through a number of venues to help individuals make healthier choices.

Consumer Information

There is considerable variation among states and health professions boards as to the type of data they collect and release to the public. Profiles of actions taken by other states include the following:

Massachusetts pioneered an innovative physician-profile program in 1996. Residents can obtain information about a physician's education, specialties, hospital affiliations, disciplinary actions and malpractice settlements. Consumer access to these profiles will be increased when the data bases become Internet compatible.

Florida enacted a measure that requires the collection of information about physicians to create profiles that can be accessed through electronic media and development of a schedule and procedures for other licensed health care practitioners to submit relevant information for inclusion in practitioner profiles.[5] **New Hampshire** enacted a law that established a committee to study increased public access to data concerning physicians.

Tennessee has enacted the "Health Care Consumer Right-to-Know Act of 1997." The law requires a special joint committee to study the most cost effective way to supply consumers with information related to physicians.[6]

Rhode Island enacted a measure that requires the collection of information about all licensed physicians in the state for dissemination to the public.

The **New York** Board of Regents in January 1997 launched a website for its online license verification program. This program makes it possible for a consumer to check license and registration status of 610,000 professionals practicing in 38 professions across the state.[7]

California enacted a law in August 1997 that amended reporting requirements of licensed physicians by requiring the disclosure of malpractice judgments, arbitration awards and summaries of hospital disciplinary actions that result in the termination or revocation of a licensee's staff privileges.[8]

The above actions indicate that there is a definite trend to establish systems that make health care information more accessible for consumers. The initiatives in Texas are discussed in the next section.

Texas Initiatives

Efforts to achieve this type of openness in Texas have met with mixed results. During the 1997 75th legislative session, Senate Bill 385 directed the Office of Public Insurance Counsel to "develop and issue annually consumer report cards that identify and compare, on an objective basis, health maintenance organizations in this state.[9]

After passage of the bill, a debate ensued as to whether or not complaints concerning HMOs were public record. An attorney general's opinion issued on May 12, 1998, stated that "most information contained in HMO complaint files at the State Department of Insurance is public record."[10] In response to this opinion, the Texas Department of Insurance established the Internet Complaint Information System that lists individual complaints by company and provides statistical analyses by insurance type and geographic region. As of June 2, 1998, Texans were among the first in the nation to have public Internet access to information on complaints against insurance companies and HMOs. That information is available at the Texas Department of Insurance website (http://www.tdi.state.tx.us).[11]

While provider report cards are not without their problems, they show promise in providing quality information to consumers. Ultimately, provider report cards could give consumers comparative data on health plan care and services that can inform their choices.[12]

While these efforts focus on equipping individuals with the knowledge and skills to become informed participants in the management of their own health and health care, there are broader initiatives being taken at the community level. Current studies show that people's understanding and definition of health is much broader than their personal health status and includes their perceptions of the health of their communities.

Prevention and Communities

When asked the question in a national survey, "What makes a community healthy?" citizen responses were clear and simple; a healthy community meant:

- being safe;
- a good place to raise children;
- good schools; and
- somewhere safe to walk at night.[13]

No single issue can adequately address or be held separately accountable for the myriad interconnected factors involved in making a community a healthier place to live, but clearly prevention is central to the strategies that build a healthy community.

Health plays a critical role in determining the quality of life for both individuals and communities. To address it in a meaningful way, we must consider the relationship between health and key components of our lives such as employment, crime, air and water quality, safety and spiritual well-being.[14]

Public health, traditionally a government function, uses communitywide or population-based approaches to preventing disease and improving health. Public health efforts have clearly changed the pattern of disease in the United States. At the turn of the century, the leading causes of death were infectious diseases, such as tuberculosis and pneumonia. The dramatic gain in life expectancy for Americans over the course of this century, from fewer than 50 years in 1900 to more than 75 years in 1990, is attributed primarily to improvements in sanitation, the control of infectious diseases through immunizations, and other public health activities. Public health efforts are responsible for 25 of the nearly 30 year improvement in life expectancy during this past century.[15]

Today the leading causes of death are lifestyle-related diseases such as heart disease, cancer, stroke and injuries. Most preventable health problems in our society, including about half of all deaths, are caused by tobacco use, improper diet, alcohol misuse, lack of physical activity, firearm use, motor vehicle crashes and illicit drug use. The National Academy of Sciences Institute of Medicine concluded in a 1982 report that only 10 percent of premature deaths in the United States could be avoided with better access to health care, while 70 percent could be prevented by reducing environmental threats and risky individual behaviors.[16] Generally speaking, most health conditions

are not caused by a lack of medical technology. Solutions rest with socioeconomic factors, our behavioral choices and those practices we encourage as family members, neighborhoods and fellow citizens in communities.[17] A study conducted by Paula Lantz, Ph.D., supports the theory that health status is affected by a complex interaction between socioeconomic class, human relationships and health behaviors.[18] For Americans, the narrow concept of health as just the absence of disease no longer exists. Health has a broader definition that encompasses quality of life issues. This is a shift away from the belief, prevalent until the 1980s, that to a large extent "being healthy" was a matter of luck. Today, this passive approach to health is being supplanted by an emphasis on actively "creating" health. This trend is built on several values that Americans have come to embrace in recent years:

- Individuals can influence their own health through behavioral and lifestyle changes.
- These changes should be linked to disease and illness prevention strategies such as check-ups, immunizations and diagnostic screening.
- One's own health and well-being includes numerous quality of life factors, such as family safety, and the quality of our environment that impacts everyone in the community.[19]

Two complementary approaches exist for conceptualizing prevention. The first looks at *how* a prevention strategy is targeted. The second looks at *when* the intervention is delivered.[20] Together, they offer a framework for effective prevention and promotion of health.

Prevention strategies fall into one of three categories: environmental, clinical, or behavioral. Environmental approaches, including strategies such as safe water, fluoridation, lead abatement, regulation on public smoking, seat-belt laws, and safer highways generally require societal commitment for the implementation of the intervention needed. Once these changes are made, they require little individual effort from the beneficiary and can have far-reaching effects. Clinical prevention includes strategies such as prostate cancer screening, early detection of breast cancer, vaccinations, and early treatment for diabetes. Behavioral change models use a broad array of strategies to encourage lifestyle changes, such as exercise, smoking cessation, and healthful diets.

Accomplishment of these changes may require changing a person's knowledge and attitudes, as well as behaviors of individuals or groups.[21]

Interventions also occur at different stages of a disease or injury and are classified as primary, secondary, or tertiary prevention. Primary prevention strategies target a disease or injury through the reduction of risk factors. Examples of primary prevention strategies include public awareness campaigns to deter teens from smoking, safe-sex education to reduce human immunodeficiency virus (HIV) and reducing ambient lead to prevent intellectual impairment in children. Primary prevention also includes health service interventions, such as vaccinations, fluoridated water or dental sealants. Secondary prevention focuses on early detection and treatment, such as mammography for detecting breast cancer or early detection and treatment of tuberculosis. Tertiary prevention involves providing appropriate supportive and rehabilitative services to minimize existing disease or injury and maximize quality of life.

Assessment of the effectiveness of prevention strategies allows for the comparison of alternative approaches in order to make rational choices based on the effectiveness and cost of each strategy. The benefits of prevention can be measured not only in terms of life expectancy, but also in terms of treatment cost savings:

- Prevention of one AIDS case can result in savings of $119,379 in treatment costs.
- Every dollar spent on prenatal care saves at least $3.38 in short-term inpatient hospital costs.
- Every dose of pertussis vaccine is estimated to save $11.10 in health care costs.
- A six-month course of TB preventive therapy can save up to $50,000 in the cost of active disease treatment.[22]

Another area that has shown significant health care cost savings has been in the provision of mental health services. A study by Kaiser Permanente patients who received psychotherapy showed a 77 percent decrease in the average length of stay in the hospital; a 66 percent decrease in the frequency

of hospitalizations; a 48 percent decrease in the number of prescriptions written and office visits; and a 31 percent decrease in telephone contacts.[23]

Development of national health objectives for 2010 is being facilitated by the U.S. Public Health Service. The overarching goals of this national plan will be to increase years of healthy life, reduce disparities in health among different population groups, and achieve access to preventive health. This plan will serve as a tool to identify the most significant preventable threats to health in America and focus public and private sector efforts to address those threats. Through focus group sessions, public meetings, and a website, people from across the country are voicing their health priorities and concerns. This plan will address emerging issues such as changing demographics, advances in preventive therapies, and new technologies.[24] Success in achieving these national health objectives will be measured by positive changes in health status or reductions in risk factors, as well as improved provision of certain services.

In the United States today, we provide more health care services, at higher costs, with roughly twice the physicians per capita, than any other country in the world. As of 1993, with health care costs soaring past 14 percent of the U.S. gross national product, it is becoming increasingly clear that if we are to realize substantial improvements in our nation's health status, it will be the result of redefining health to focus on priority factors that undergird individual and community health.[25] To do this we must be responsible for changing our individual behaviors and reclaiming ownership for solutions by investing in an array of health support systems for our communities. Knowledge of prevention strategies is critical to the health professional's understanding of the community dynamics of disease and health. Effective public health and health care strategies require the skill of a multidisciplinary team that includes a professionally trained workforce and community-based care takers.

The fundamental components of an effective community-based inter-disciplinary process are:

- an orientation toward community;
- an interdisciplinary approach;

- a means for disseminating health information and research;
- a role in setting community health priorities;
- a focus on risk conditions and social determinants of health; and
- development of a continuum of preventive, acute and chronic care services.

The above components are captured in the intent of the Statewide Rural Health Care System Act, Senate Bill 1246 passed by the 75th Texas Legislature. This legislation is designed to preserve access to local health care services and involve the community in the development of local plans.

The major health problems that we face as a state and nation -- infant mortality, substance abuse, breast and cervical cancer, AIDS/HIV infection, mental illness, cardiovascular disease, injuries resulting from violence and motor vehicle crashes, and significant disparities in health status among racial, ethnic and gender groups -- will not yield to a predominantly treatment approach. Today's health care workforce must have a clear definition and understanding of it role in promoting community health and it must be prepared with the skills necessary to design, implement and evaluate prevention strategies if it is to be effective in improving the health of Texans.

Notes

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